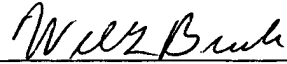
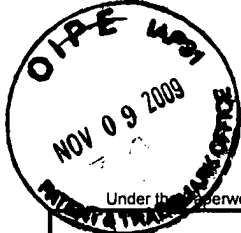




ITW

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 80289(302748) | |
|--|----------------------------------|--------------------------------|-----------------------------|-----------------------------|--------|
| Application No. 10/579,463-Conf. #7029 | | Filing Date May 15, 2006 | | Examiner J. F. Brutus | |
| | | | | Art Unit 3768 | |
| Applicant(s): Kazuhiro Takeo et al. | | | | | |
| Invention: METHOD FOR TRANSFORMING HEAD SURFACE COORDINATES TO BRAIN SURFACE COORDINATES AND TRANSCRANIAL BRAIN FUNCTION MEASURING METHOD USING THE TRANSFORMATION DATA | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 17 | - 20 = | 0 | x 52.00 | 0.00 |
| Independent Claims | 1 | - 3 = | 0 | x 220.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 130.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 130.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 130.00 . | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  William L. Brooks Attorney/Agent Reg. No.: 34,129 | | | | Dated: November 9, 2009 | |
| EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (202) 478-7376 | | | | | |
| CUSTOMER NO.: 21874 | | | | | |



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

| | | | |
|---|---------------------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2009 | | Application Number | 10/579,463-Conf. #7029 |
| | | Filing Date | May 15, 2006 |
| | | First Named Inventor | Kazuhiro Takeo |
| | | Examiner Name | J. F. Brutus |
| | | Art Unit | 3768 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Attorney Docket No. | 80289(302748) | |
| TOTAL AMOUNT OF PAYMENT | (\$) 130.00 | | |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------|--------------------------------|----------------------------------|------------------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 52 | 26 |
| Each independent claim over 3 (including Reissues) | | | | | | 220 | 110 |
| Multiple dependent claims | | | | | | 390 | 195 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 17 - 20 or HP | | x | | | Fee (\$) | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 1 - 3 or HP | | x | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| - 100 = | | /50 = | | (round up to a whole number) x | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | | | | | 130.00 |

| | | | |
|---------------------|--------------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | <u>William L. Brooks</u> | Registration No. (Attorney/Agent) | 34,129 |
| Name (Print/Type) | William L. Brooks | Telephone | (202) 478-7376 |
| | | Date | November 9, 2009 |